

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF INSURANCE

**LIFE AND HEALTH
GENERAL FILING SUBMISSION CHECKLIST**

NEW FILINGS	REFERENCE	CHECKLIST
	AS 21.87.190 AS 21.57.080 3 AAC 28.470	<ul style="list-style-type: none"> Health rates do not need to be filed <u>except</u> for Medicare Supplement and Credit Life policies, and for Hospital Medical Service Corporations.
	Statutes: AS 21.39.040, AS 21.42.120 Regulation: 3 AAC 31.200	<ul style="list-style-type: none"> The rules apply to anyone filing rates, forms, rules, rating plans, policies, certificates or other documents as required by Alaska Statutes.
	Regulation: 3 AAC 31.210	<ul style="list-style-type: none"> The original filing is addressed and mailed to the Director of the Division of Insurance in Juneau. A form filing may not be combined with a rate filing. When related form and rate filings are made at the same time, they must be cross-referenced on the cover letter. A separate filing must be made for each line of business. A cover letter may be submitted on a group letterhead if the company or companies are identified in the subject line of the letter. Affiliated insurers may submit identical form filings as one filing with the names of each affiliated company on the cover letter. Each filing must contain: <ul style="list-style-type: none"> * 3 copies of the cover letter; * 1 copy of filing materials and supporting documents; * 2 self-addressed stamped envelopes.
	3 AAC 31.220	<p>The subject line of the cover letter must specify:</p> <ul style="list-style-type: none"> the company name; the NAIC group number and NAIC company number; whether the filing is a rate or form filing; the line of business to which the filing applies; the specific product offered; the company's name for the product, if any; the filer's unique number or code for the filing, if any.
	3 AAC 31.220(c)(2)	<p>The cover letter must also contain:</p> <ul style="list-style-type: none"> A brief description of the purpose of the filing and any changes the filing will introduce; Marked copies of new and deleted material if replacing a previously approved filing. If the state of domicile requires a filing, has the filing been made there? Was it approved? The Alaska Division of Insurance Filing Number of any previous filing being replaced by the current filing; A request for an effective date; <ul style="list-style-type: none"> **set far enough in advance to allow for the full review period. **see the Bulletin for specifics. The name of the contact person for the filing.

	Bulletin 95-03	
RESPONSES TO REVIEWER QUESTIONS	REFERENCE	CHECKLIST
	AS 21.39.040(a), AS 21.42.130 3 AAC 31.210(b) 3 AAC 31.210 Division Policy 3 AAC 31.210(a) Division Policy	<ul style="list-style-type: none"> • Respondents must address all questions and comments. • Responses to form filing must be made separately from responses to rate and rule filings. • Response letters to questions and comments from the division regarding a specific filing must: <ul style="list-style-type: none"> * Be addressed to the division employee asking the questions; * Have a subject line that specifies: <ul style="list-style-type: none"> **the date of the questioning letter to which the response is directed; **the Alaska Division of Insurance filing number of the filing questioned; **the company filing number, if any, of the filing questioned; **whether the response is a paper backup to an e-mail or fax response. • Responses must include one original and two copies of the response cover letter and two stamped return envelopes.

Name (print): _____

Signature: _____

Date: _____